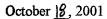


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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## UTILITY PATENT APPLICATION TRANSMITTAL





Commissioner of Patents and Trademar Washington, District of Columbia 2023			
Washington, District of Columbia 2023		Docket No.: CTX-005	
Sir:			
Please file the following patent applicat status.	ion papers. This inventors claim eligibility	for small entity	
Inventor(s) and Residence(s):	Csaba Truckai; Saratoga, CA		
	John H. Shadduck; Tiburon, CA		
	Bruno Strul, Portola Valley, CA		
TITLE: ELECTROSURGICAL WORKING	G END FOR CONTROLLED ABLATION		
[x] Fee Transmittal Form (PTO/SB/1	7)		
[x] Drawings: No. of sheets 30	31 Formal Informal x	·	
[x] Specification, Claims, and Abstra	ct: No. of pages: 40.		
[x] Independent Inventor's Declaration	n(s)		
[x] Check for \$ for fi	iling fee:		
[x] Return Receipt Postcard Addresse	ed to Applicant.		
Respectfully,			
Csaba Truckai			
Correspondence Address:	Csaba Truckai		
	19566 Arden Court		
	Saratoga, CA 95070		
Telephone: (408) 973-8544			

Express Mail Receipt # ET 156117705 VS

I hereby certify that this paper or fee is being deposited with the United States Postal Service using "Express Mail Post Office to Addressee" service under 37 C.F.R. \$1.10 in an envelope addressed to Commissional VI Washington, D.C. 20231", on October 18, 2001.

10 (8 0) Weller M. Wing §1.10 in an envelope addressed to: "Commissioner of Patents and Trademarks,

Date of Signature

PTO/SB/17 (10-01)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

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Complete if Known				
Application Number				
Filing Date	10-18-01			
First Named Inventor	CSABA TRUCKH			
Examiner Name				
Group Art Unit				
Attorney Docket No.	CTX - 005			

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  3. ADDITIONAL FEES					
Deposit	Large Small				
Account Number	Entity Entity Fee				
Deposit	Code (\$) Code (\$)	ption Fee Paid			
Account Name	105 130 205 65 Surcharge - late filing fee	or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provision cover sheet	al filing fee or			
Applicant claims small entity status. See 37 CFR 1.27	139 130 139 130 Non-English specification				
2. A Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex	parte reexamination			
Check Credit card Money Order Other	112 920* 112 920* Requesting publication of Examiner action				
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of Examiner action	SIR after			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within	first month			
Large Entity Small Entity	116 400 216 200 Extension for reply within				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920 217 460 Extension for reply within	l l			
101 740 204 670 11075 677	118 1,440 218 720 Extension for reply within				
106 330 206 165 Design filing fee	128 1,960 228 980 Extension for reply within	fifth month			
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal				
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of	an appeal			
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing				
SUBTOTAL (1) (\$) 370	38 1,510 138 1,510 Petition to institute a public	use proceeding			
2. EXTRA CLAIM FEES	40 110 240 55 Petition to revive - unavoid				
Fee from	41 1,280 241 640 Petition to revive - unintent	tional			
Extra Claims below Fee Paid	42 1,280 242 640 Utility issue fee (or reissue	)			
Independent 3** - 3**	43 460 243 230 Design issue fee				
Claims -3" = 2 X 42 = 11 6 Multiple Dependent	44 620 244 310 Plant issue fee				
= -	22 130 122 130 Petitions to the Commissio	ner			
Large Entity Small Entity	23 50 123 50 Processing fee under 37 C	FR 1.17(q)			
Fee Fee Fee Fee Description	26 180 126 180 Submission of Information	Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	81 40 581 40 Recording each patent ass property (times number of	ignment per properties)			
102 84 202 42 Independent claims in excess of 3	46 740 246 370 Filing a submission after fin	al rejection			
104 280 204 140 Multiple dependent claim, if not paid	(37 CFR § 1.129(a))				
109 84 209 42 ** Reissue independent claims over original patent	49 740 249 370 For each additional invention examined (37 CFR § 1.129	on to be 9(b))			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	79 740 279 370 Request for Continued Exam	mination (RCE)			
	69 900 169 900 Request for expedited exar of a design application	nination			
SUBTOTAL (2) (\$) 360 Other fee (specify)					
**or number previously paid, if greater, For Reissues, see above	educed by Basic Filing Fee Paid SUBTOT.	AL (3) (\$)			

SUBMITTED BY	",		Committee	
Name (PrintiType)			Complete (if applicable)	
rvanie (rnnu rype)	CSABA TRUCKAI Registration No.	<sup>).</sup>	Telephone	1.15-215 7172
Signature	(Attorney/Agent)	<b>──</b> ─		415-215-7233
Signature	and i		Date	10-18-01
		**		1 /0 - 10 - 01

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.